

ORIGINAL

IRA HISCOCK LECTURE

BY

C. EVERETT KOOP. M.D., Sc.D.

SURGEON GENERAL

OF THE

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED AT THE STATE CAPITOL BUILDING

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MEMBERS OF THE LEGISLATURE, DISTINGUISHED GUESTS, PACIFIC
HEALTH OFFICERS, AND FRIENDS ...

IT IS AN HONOR TO PRESENT THE IRA W. HISCOCK LECTURE.
ALTHOUGH I NEVER KNEW DR. HISCOCK, HE WAS EDUCATED IN NEW
ENGLAND, AS WAS I.

HE BECAME FASCINATED WITH THE POTENTIAL OF PUBLIC HEALTH, AS
AM I.

AND HE LEFT A LEGACY IN PUBLIC HEALTH THAT WILL BE LONG
REMEMBERED. AND SOMEDAY I WOULD LIKE SOMEONE TO BE ABLE TO SAY
THAT ABOUT ME, ALSO.

THIS LECTURE WAS ESTABLISHED IN 1963. OF THE 15 PREVIOUS
LECTURERS, I DISCOVERED TO MY SURPRISE THAT I NEW 7 OF THEM
PERSONALLY. SO I FEEL VERY COMFORTABLE TODAY, WITH A SENSE THAT
I AM IN GOOD COMPANY, BOTH PRESENT AND ANY SHADES OF THE PAST
WHO MAY DROPPED BY.

I'M VERY PLEASED TO FOCUS MY ADDRESS THIS EVENING ON A TOPIC WHICH HAS BECOME A FAVORITE OF MINE OVER THE PAST 8 YEARS. IN 1981, WHEN I BECAME YOUR SURGEON GENERAL, I MUST CONFESS I KNEW RELATIVELY LITTLE ABOUT THE HISTORY AND MISSION OF THE U.S. PUBLIC HEALTH SERVICE.

IN NOVEMBER, 1981, HOWEVER, I BECAME ITS HIGHEST RANKING OFFICER AND -- VERY SOON THEREAFTER -- I ALSO BECAME ITS MOST ENTHUSIASTIC BOOSTER.

THERE ARE MANY REASONS FOR THIS. I WON'T GO INTO ALL OF THEM, BUT I WILL SPEAK ABOUT ONE ASPECT THAT HAD SPECIAL APPEAL FOR ME. IT WAS THE ROLE OF THE PUBLIC HEALTH SERVICE IN INTERNATIONAL HEALTH AFFAIRS.

BY THE TIME I ARRIVED IN FEDERAL SERVICE IN 1981, I HAD ALREADY BEEN INVOLVED IN INTERNATIONAL HEALTH FOR MANY YEARS, CHIEFLY -- BUT NOT EXCLUSIVELY -- AS A PIONEER IN THE NEW FIELD OF PEDIATRIC SURGERY.

OVER A PERIOD OF MANY YEARS, I HAD TRAVELED TO EUROPE, ASIA, AND AFRICA, WORKING IN THE CLINICS AND HOSPITALS OF DEVELOPED, DEVELOPING, AND VERY UNDER-DEVELOPED COUNTRIES, SPREADING THE WORD AND THE TECHNOLOGY OF PEDIATRIC SURGERY.

I HAD ALSO SERVED FOR MANY YEARS AS A MEMBER OF THE BOARD OF THE SECOND LARGEST RELIEF AGENCY IN THE U.S.

I KNEW, FIRST-HAND, OF THE CONDITIONS THAT CHILDREN AND THEIR PARENTS FACED IN MANY COUNTRIES OF THE WORLD AND I HOPED I COULD CONTINUE TO HELP, IN MY NEW ROLE AS SURGEON GENERAL.

ALL MY HOPES WERE FULFILLED. I LEARNED THAT THE PUBLIC HEALTH SERVICE -- AND ESPECIALLY THE PHS COMMISSIONED CORPS -- IS A MAJOR, POSITIVE INFLUENCE UPON THE HEALTH OF PEOPLES EVERYWHERE IN THE WORLD.

IT IS ALSO AN INTERNATIONAL RESOURCE FOR HEALTH AND IS PROBABLY THE MOST IMPORTANT SINGLE SOURCE OF EXPERTISE IN THE STRUGGLE TO IMPROVE THE HEALTH OF THE WORLD'S PEOPLES.

HOW DID THAT COME ABOUT? THE ANSWER TO THAT QUESTION IS THE SUBSTANCE OF MY REMARKS THIS EVENING.

IT'S USUAL TO BEGIN AT THE BEGINNING. BUT IN THIS CASE THE BEGINNING IS IN THE LATE 18TH CENTURY, JUST A FEW YEARS AFTER THE BRITISH TROOPS SURRENDERED AT YORKTOWN AND OUR NATION WAS BORN.

AT THAT TIME, ONE OF THE MAJOR HEALTH CONCERNS OF OUR GOVERNMENT WAS THE POSSIBILITY THAT WE MIGHT BE, IN EFFECT, "IMPORTING" CERTAIN CONTAGIOUS DISEASES FROM OTHER PARTS OF THE WORLD. THE OBVIOUS PLACES THIS WOULD OCCUR WERE THE SEVERAL DEEP-WATER PORTS ALONG THE EAST AND GULF COASTS -- BOSTON, PHILADELPHIA, CHARLESTON, AND SO ON.

THEREFORE, IN 1798, PRESIDENT JOHN ADAMS SIGNED THE LAW THAT ESTABLISHED A SYSTEM OF "MARINE HOSPITALS" WHOSE PERSONNEL WOULD EXAMINE MERCHANT SEAMEN COMING INTO OUR PORTS. IF ANY WERE FOUND TO BE CARRYING A CONTAGIOUS DISEASE SUCH AS SMALLPOX, YELLOW FEVER, TYPHUS, OR CHOLERA, THEY AND THEIR SHIPMATES WOULD BE PLACED IN QUARANTINE AND TREATED.

I USE THE TERM "TREATMENT" SOMEWHAT LOOSELY, SINCE MOST CONTAGIOUS DISEASES WERE NOT WELL KNOWN OR UNDERSTOOD IN THOSE DAYS.

DESPITE THIS RECOGNITION EARLY IN OUR HISTORY THAT DISEASE DOES NOT RESPECT NATIONAL BOUNDARIES, THE FIRST REAL EFFORTS AT INTERNATIONAL COOPERATION DID NOT BEGIN UNTIL THE LATTER HALF OF THE 19TH CENTURY.

BETWEEN 1851 AND 1874 THREE "INTERNATIONAL SANITARY CONFERENCES," SO-CALLED, WERE HELD IN EUROPE. THEY WERE MOSTLY CONCERNED WITH THE SPREAD OF CHOLERA. BUT THE CONFERENCES WERE NOT SUCCESSFUL, MAINLY BECAUSE TOO LITTLE WAS KNOWN ABOUT THE ETIOLOGY AND TRANSMISSION OF CHOLERA AND OTHER CONTAGIOUS DISEASES.

AND THE UNITED STATES, STILL SHARING GEORGE WASHINGTON'S OPINION THAT WE OUGHT NOT TO BECOME INVOLVED IN EUROPE'S PROBLEMS, DID NOT PARTICIPATE IN ANY OF THESE CONFERENCES.

BUT IN 1876, ONE OF MY MOST ILLUSTRIOUS PREDECESSORS -- ALREADY IN CHARGE BUT LATER TO BECOME SURGEON GENERAL -- DR. JOHN WOODWORTH CALLED FOR INTERNATIONAL ACTION TO PREVENT THE SPREAD OF CHOLERA AND YELLOW FEVER. AS THE HEAD OF THE MARINE HOSPITAL SERVICE, HE WAS WELL AWARE OF THE FACT THAT THE AMERICAN PEOPLE COULD NOT BE PROTECTED FROM DISEASE WITHOUT CONCERTED INTERNATIONAL COOPERATION.

AS A RESULT OF DR. WOODWORTH'S LEADERSHIP, AND THE CONTRIBUTION OF MANY OTHER PHYSICIANS TO THE PUBLIC DIALOGUE OF THE TIME, THE UNITED STATES CONGRESS, IN 1880, AUTHORIZED THE PRESIDENT TO CONVENE AN "INTERNATIONAL SANITARY CONFERENCE" OF OUR OWN IN WASHINGTON, D.C. ITS PURPOSE WAS TO ESTABLISH AN INTERNATIONAL SYSTEM OF NOTIFICATION ON THE SANITARY CONDITION OF PORTS AND OTHER PLACES.

AS A MATTER OF FACT I STILL ATTEND A CONFERENCE UNDER THAT QUAIN TITL EACH YEAR IN WASHINGTON AS PART OF MY RESPONSIBILITIES IN THE PAN AMERICAN HEALTH ORGANIZATION.

THAT FIRST WASHINGTON CONFERENCE IN 1880 BROUGHT TOGETHER, FOR THE FIRST TIME, MAJOR TRADING NATIONS FROM SEVERAL CONTINENTS.

ALTHOUGH THE PARTICIPANTS WERE AT FIRST RELUCTANT TO ENGAGE IN ANY INTERNATIONAL CONTROL SYSTEM THAT MIGHT INFRINGE UPON THEIR OWN RESPECTIVE NATIONAL QUARANTINE SYSTEMS, THE THREAT OF THE SPREAD OF EPIDEMIC DISEASE HAD BECOME SO GREAT THAT ALL THE GOVERNMENTS REPRESENTED RELUCTANTLY AGREED UPON BROAD SYSTEMS OF INTERNATIONAL CONTROL AND COOPERATIVE ACTION.

THE UNITED STATES TOOK THE LEADERSHIP IN THE DISCUSSIONS AND BEGAN IN EARNEST ITS LONG AND CONTINUOUS PARTICIPATION IN INTERNATIONAL HEALTH COOPERATION.

IT WAS THE FIRST TIME -- BUT FORTUNATELY NOT THE LAST TIME -- THAT NATIONAL SOVEREIGNTIES YIELDED TO INTERNATIONAL HEALTH IMPERATIVES.

OTHER INTERNATIONAL MEETINGS FOLLOWED, AT WHICH THE U.S. WAS REPRESENTED BY A SENIOR MEMBER OF THE MARINE HOSPITAL SERVICE. LATER, AFTER THE REORGANIZATION OF 1912, THE DELEGATE WOULD BE DRAWN FROM THE U.S. PUBLIC HEALTH SERVICE.

IN ADDITION TO THE DEVELOPMENT OF MORE EFFICIENT AND EFFECTIVE SYSTEMS OF NOTIFICATION, THE PARTICIPATING COUNTRIES ALSO ESTABLISHED IN PARIS A FREE-STANDING INTERNATIONAL OFFICE OF PUBLIC HYGIENE, THROUGH WHICH EVERYONE'S COMMUNICATIONS COULD BE EXPEDITIOUSLY CHanneLED.

IN THE MEANTIME, AND CLOSER TO HOME IN THIS HEMISPHERE, THE PAN AMERICAN SANITARY BUREAU WAS ORGANIZED IN 1902 BY THE FIRST INTER-AMERICAN SANITARY CONFERENCE HELD IN MEXICO CITY. THE BUREAU, PROVIDED FOR REGIONAL COOPERATION IN PUBLIC HEALTH BEYOND JUST THE NOTIFICATION AND QUARANTINE OF COMMUNICABLE DISEASE.

IN 1924 THE MEMBERS OF THE BUREAU RATIFIED A PAN AMERICAN SANITARY CODE, WHICH DEALT NOT ONLY WITH THE INTERNATIONAL SPREAD OF CONTAGIOUS DISEASES, BUT ALSO HELPED ESTABLISH UNIFORM PUBLIC HEALTH PROCEDURES THROUGHOUT THE AMERICAS.

THE INFLUENCE OF THE PUBLIC HEALTH SERVICE ON THE PAN AMERICAN SANITARY BUREAU WAS UNQUESTIONABLE. SINCE THE BUREAU'S INCEPTION, OFFICERS OF THE PUBLIC HEALTH SERVICE HAVE BEEN ACTIVELY INVOLVED IN PLANNING, CREATING, AND DIRECTING ITS ACTIVITIES. RIGHT UP UNTIL THE EARLY 1950S, THE MAJORITY OF THE BUREAU'S PROFESSIONAL FIELD STAFF WERE PHS OFFICERS.

AND FROM ITS CREATION IN 1902 UNTIL 1936, ALL THE SURGEONS GENERAL OF THE PUBLIC HEALTH SERVICE WERE ALSO DIRECTORS OF THE PAN AMERICAN SANITARY BUREAU.

DURING THESE YEARS, FROM THE BEGINNING OF THE 20TH CENTURY TO THE OUTBREAK OF THE SECOND WORLD WAR, PHS OFFICERS DISTINGUISHED THEMSELVES IN IMPROVING THE HEALTH OF THE PEOPLE OF THE AMERICAS. HERE ARE JUST A FEW OF THEIR ACCOMPLISHMENTS:

- * THEY HELPED SEVERAL SOUTH AMERICAN COUNTRIES ELIMINATE PLAGUE ...
- * THEY INTRODUCED PREVENTIVE MEDICINE ...

- * THEY IMPROVED ENVIRONMENTAL HEALTH AND SANITATION, MADE SAFE WATER A PRIORITY, AND FOUND WAYS TO ENRICH THE DIETS OF EVEN THE POOREST PEOPLE IN THIS HEMISPHERE ...

- * THEY'VE PLAYED A MAJOR ROLE IN THE FIGHT AGAINST YELLOW FEVER AND MALARIA ...

- * AND PHS PERSONNEL HAVE BEEN INSTRUMENTAL IN DEVELOPING NURSING SCHOOLS AND OTHER PROFESSIONAL INSTITUTIONS THROUGHOUT LATIN AMERICA.

HAWAII PLAYED A STRONG ROLE IN THE DEVELOPMENT OF PUBLIC HEALTH AND THE PUBLIC HEALTH SERVICE ITSELF. FOR EXAMPLE, IN 1912 FREDERICK E. TROTTER WAS ASSIGNED TO THE THEN-TERRITORY OF HAWAII, TO HONOLULU, TO TAKE CHARGE OF THE EXPANDING QUARANTINE STATION. HE REMAINED HERE FOR MANY YEARS.

DR. TROTTER, A MEMBER OF THE COMMISSIONED CORPS, WAS AN EXPERIENCED INTERNATIONALIST WHO HAD ALREADY SERVED IN MANY FOREIGN POSTS AT THE SURGEON GENERAL'S DIRECTION.

DR. TROTTER'S GRANDFATHER WAS THE FORMER MAYOR OF BROOKLYN, NEW YORK, AND HIS GRANDSON -- ALSO NAMED FREDERICK E. TROTTER -- IS HERE TODAY. HE IS ACTIVE IN THE BUSINESS COMMUNITY BUT, STILL IN THE TRADITION OF HIS FATHER AND GRANDFATHER, IS CHAIRMAN OF GOVERNOR WAIHEE'S PACIFIC HEALTH PROMOTION AND DEVELOPMENT CENTER, AN INTERNATIONALLY RECOGNIZED OUTREACH ACTIVITY.

SO THE PUBLIC HEALTH SERVICE WAS ALREADY QUITE BUSY ON THE INTERNATIONAL STAGE -- BOTH IN THIS HEMISPHERE AND WORLDWIDE -- BY DECEMBER 7, 1941. WE WERE PREPARED FOR AN EVEN GREATER ROLE DURING AND AFTER WORLD WAR II.

IN THE MIDST OF -- AND IN RESPONSE TO -- THE TERRIBLE HUMAN COSTS OF THAT WAR, THE BIOMEDICAL SCIENCES CAME UP WITH A NUMBER OF MAJOR ADVANCES IN DRUGS, IN ANTIBIOTICS, IN SURGERY, IN PHYSICAL REHABILITATION, AND SO ON.

BUT THE REAL CHALLENGE OCCURRED WHEN THE WAR ENDED.

EXCEPT FOR THE PEARL HARBOR ATTACK AND THE LANDINGS ON THE ALEUTIAN ISLANDS, THE UNITED STATES WAS VIRTUALLY UNTOUCHED BY ANY OF THE ACTUAL FIGHTING. HENCE, WE WERE THE ONLY NATION EQUIPPED AND ABLE TO LEAD THE WORLD IN RESTORING THE HEALTH OF OTHER SOCIETIES THAT HAD BEEN DEVASTATED BY WAR.

A NUMBER OF THEM WERE HERE IN THE PACIFIC BASIN ... ISLAND SOCIETIES THAT HAD BEEN TORN UP AND TORN APART BY THAT WAR. PHS OFFICERS CAME OUT TO THE U.S. TERRITORIES AS PART OF THE TOTAL TEAM EFFORT TO DELIVER HEALTH CARE SERVICES WHEREVER THEY WERE NEEDED.

AND IN FACT WE STILL HAVE 6 PHS OFFICERS ASSIGNED TO THE U.S. PACIFIC TERRITORIES AND ANOTHER 9 OFFICERS ARE ASSIGNED TO THE FREELY ASSOCIATED STATES IN THE PACIFIC.

AS PART OF PRESIDENT TRUMAN'S "POINT FOUR" PROGRAM OF TECHNICAL ASSISTANCE, THE PHS ALSO ORGANIZED AND STAFFED SPECIAL HEALTH MISSIONS TO GREECE, IRAN, LIBERIA, YEMEN, TURKEY, AND THAILAND.

THE PUBLIC HEALTH SERVICE SUBSEQUENTLY BECAME THE HEALTH ARM OF THE U.S. FOREIGN ASSISTANCE PROGRAM. WITH FUNDING FROM THE FOREIGN OPERATIONS ADMINISTRATION, A FORERUNNER OF THE AGENCY FOR INTERNATIONAL DEVELOPMENT, THE PHS HAD, BY 1954, MORE THAN 300 COMMISSIONED OFFICERS STATIONED AROUND THE WORLD PROVIDING HANDS-ON ASSISTANCE TO NATIONS IN THE PROCESS OF POSTWAR RE-BUILDING.

HOWEVER, AS WE REALIZED BACK IN THE DAYS OF CHOLERA AND YELLOW FEVER, THE NEW PROBLEMS WOULD NEVER BE SUCCESSFULLY RESOLVED WITHOUT INTERNATIONAL COOPERATION. A NEW INTERNATIONAL HEALTH ORGANIZATION WAS NEEDED.

AND INDEED IN 1948 THE WORLD HEALTH ORGANIZATION DID EMERGE AS PART OF THE UNITED NATIONS. IT ABSORBED THE ROLE AND THE STAFF OF THE OLD INTERNATIONAL OFFICE OF PUBLIC HYGIENE AND TOOK IN AS A CONSTITUENT MEMBER THE PAN AMERICAN SANITARY BUREAU, WHICH LATER BECAME KNOWN AS THE PAN AMERICAN HEALTH ORGANIZATION.

ONCE AGAIN, THE PUBLIC HEALTH SERVICE PLAYED A KEY ROLE IN THESE DEVELOPMENTS. AS EARLY AS 1945, JUST AS THE WAR WAS ENDING, SURGEON GENERAL THOMAS PARRAN TOLD THE U.S. DEPARTMENT OF STATE THAT THE DRAFT CHARTER OF THE UNITED NATIONS DID NOT ADEQUATELY PROVIDE FOR THE CREATION OF AN INTERNATIONAL HEALTH ORGANIZATION.

THE STATE DEPARTMENT SAID, ALL RIGHT, TELL US WHAT WE SHOULD DO ... AND, BY THE WAY, SEND US A PHS OFFICER TO HELP US DO IT.

DR. PARRAN DID BOTH. IN 1946, AT A KEY PLANNING MEETING IN PARIS, SURGEON GENERAL PARRAN AND SEVERAL PHS OFFICERS PUT FORWARD THE PROPOSAL FOR WHAT WAS TO BECOME, TWO YEARS LATER, THE WORLD HEALTH ORGANIZATION.

THAT PARIS MEETING WAS ATTENDED BY ONLY 18 PEOPLE. HOWEVER, LATER IN JUNE 1946, AT AN INTERNATIONAL HEALTH CONFERENCE IN NEW YORK CITY, ALL MEMBER STATES OF THE UNITED NATIONS, AS WELL AS 13 COUNTRIES NOT YET MEMBERS, CAME TOGETHER TO BEGIN A NEW ERA IN HEALTH COOPERATION.

SURGEON GENERAL PARRAN WAS ELECTED PRESIDENT OF THE CONFERENCE. HIS VISION AND THE VISION OF THE U.S. PUBLIC HEALTH SERVICE CONTRIBUTED TO THE RESULT OF THAT CONFERENCE, WHICH WAS THE PROTOCOL PROVIDING FOR THE ESTABLISHMENT OF THE WORLD HEALTH ORGANIZATION, THE SINGLE WORLD-WIDE INTERNATIONAL HEALTH ORGANIZATION THAT HAD BEEN FIRST ENVISIONED NEARLY A HUNDRED YEARS BEFORE.

THE PARTICIPATION IN W.H.O OF THE U.S. PUBLIC HEALTH SERVICE OVER THESE PAST 40-ODD YEARS HAS REMAINED CONSTANT AND EXTENSIVE.

FOR EXAMPLE, THE PHS CONCEIVED THE STRATEGY FOR THE ERADICATION OF SMALLPOX AND, INDEED, THE 10-YEAR PROGRAM WAS DIRECTED BY A PHS OFFICER, ASSISTED BY MANY OTHERS DETAILED TO W.H.O. FOR THAT PURPOSE.

THE PROGRAM WAS A SUCCESS. IN 1979, SMALLPOX BECAME THE FIRST DISEASE IN THE HISTORY OF MANKIND TO BE DECLARED EXTINCT. I SAY THAT VERY GLIBLY, BUT IN FACT THE TASK WAS ENORMOUSLY COMPLEX AND ARDUOUS. ALL IN ALL, IT WAS AN EXTRAORDINARY ACCOMPLISHMENT FOR THE PHS.

AS YOU MAY KNOW, IT HAS BEEN MY PRIVILEGE, AS SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE, TO ATTEND THE WORLD HEALTH ASSEMBLY IN GENEVA IN MAY OF EACH YEAR. I HAVE DONE SO SINCE 1982 AND WILL ATTEND MY LAST ASSEMBLY AS YOUR SURGEON GENERAL HIS COMING MAY.

DURING THIS TIME I HAVE SEEN THE MEMBER STATES OF THE W.H.O. TACKLE A NUMBER OF MAJOR PUBLIC HEALTH ISSUES. IN EACH CASE, WE HAVE TAKEN PART IN THE DEBATE AND, WHEN THE ORGANIZATION HAS DECIDED TO MOVE FORWARD, WE HAVE MADE OUR PERSONNEL AND OTHER RESOURCES AVAILABLE.

THIS HAS BEEN THE PERIOD OF TIME WHEN THE W.H.O. CAME OUT FOUR-SQUARE AGAINST CIGARETTE SMOKING, NOT AN EASY DECISION, CONSIDERING THE EXTRAORDINARY ECONOMIC AND POLITICAL MUSCLE THAT IS WIELDED BY THE TOBACCO INDUSTRY WORLDWIDE ... LED BY AMERICANS, I AM ASHAMED TO SAY.

W.H.O. ALSO ORGANIZED THE WORLD IN THE BATTLE AGAINST AIDS, WITH THE FIRST ORDER OF BUSINESS THAT OF HELPING MEMBER STATES FACE UP TO THE FACT THAT THEY DO HAVE A PROBLEM.

TODAY, A PHS OFFICER DIRECTS W.H.O.'S "EXPANDED PROGRAM ON IMMUNIZATION." THE OBJECTIVE IS TO IMMUNIZE CHILDREN EVERYWHERE AND THUS REDUCE CHILDHOOD MORBIDITY AND MORTALITY CAUSED BY DIPHTHERIA, PERTUSSIS, TETANUS, MEASLES, POLIOMYELITIS, AND TUBERCULOSIS.

A PHS OFFICER ASSIGNED TO W.H.O. ALSO DIRECTS THE VERY EFFECTIVE DIARRHEAL DISEASES CONTROL PROGRAM AND THE ACUTE RESPIRATORY INFECTIONS PROGRAM.

OTHER PHS OFFICERS ARE DETAILED TO W.H.O. AND P.A.H.O., WORKING IN CONTROL OF MALARIA AND OTHER PARASITIC DISEASES, IN DISEASE SURVEILLANCE ACTIVITIES, AND IN THE PREVENTION AND CONTROL OF AIDS.

AS YOU KNOW, WE ALSO PROVIDE A SUBSTANTIAL NUMBER OF TECHNICAL ADVISORS AND CONSULTANTS TO COUNTRIES HERE IN THE PACIFIC, AND WE DO SO THROUGH THE W.H.O.'S WESTERN PACIFIC REGIONAL OFFICE IN MANILA.

A NEW GOAL, ESTABLISHED LAST YEAR BY THE WORLD HEALTH ASSEMBLY, CALLS FOR THE ERADICATION OF POLIOMYELITIS BY 1995. AND WE ARE HEAVILY INVOLVED IN THAT AS WELL.

AS INVOLVED AS WE ARE WITH W.H.O., THE U.S. PUBLIC HEALTH SERVICE IS OUR GOVERNMENT'S MAJOR RESOURCE FOR CARRYING OUT A WIDE VARIETY OF BILATERAL HEALTH PROGRAMS WITH OVER 30 OTHER NATIONS, INCLUDING JAPAN, CHINA, AND OTHERS ON THE WESTERN AND SOUTHERN PACIFIC RIM.

THE AGENCY FOR INTERNATIONAL DEVELOPMENT ALSO CALLS EXTENSIVELY ON THE U.S. PUBLIC HEALTH SERVICE TO PROVIDE TECHNICAL EXPERTISE FOR ITS PROJECTS. AS AN EXAMPLE, OUR CENTERS FOR DISEASE CONTROL ARE CARRYING OUT A PROJECT IN AFRICA KNOWN AS "CONTROLLING CHILDHOOD COMMUNICABLE DISEASES." THE PROJECT HAS 12 FULL-TIME ADVISORS WORKING IN 10 COUNTRIES TO REDUCE CHILDHOOD MORTALITY AND MORBIDITY THROUGH IMMUNIZATION, ORAL REHYDRATION CONTROL, AND MALARIA PREVENTION AND TREATMENT.

THESE PROGRAMS, IN ADDITION TO VACCINE DEVELOPMENT, INCLUDE NUTRITION SURVEILLANCE, FAMILY PLANNING, LOGISTICS IMPROVEMENT, AND MANY OTHER ASSIGNMENTS IN VIRTUALLY EVERY AREA OF PUBLIC HEALTH.

IN ADDITION, THE PUBLIC HEALTH SERVICE IS READY TO PROVIDE -- ON 24 HOURS' NOTICE -- EMERGENCY AID ANYWHERE IN THE WORLD. SOME EXAMPLES OF THIS INCLUDE ...

- * THE EARTHQUAKE IN MEXICO CITY ...
- * THE POISON GAS DISASTER IN BHOPAL, INDIA ...
- * THE DISASTROUS DROUGHT IN THE AFRICAN SAHEL ...
- * THE RECENT FLOODING IN BANGLADESH ...
- * THE SPANISH OLIVE OIL POISONING OF A FEW YEARS AGO ...
- * AND MOST RECENTLY A PHS TEAM WAS AMONG THE FIRST HEALTH TEAMS TO RESPOND TO THE DEVASTATING EARTHQUAKE IN SOVIET ARMENIA.

WHAT I HAVE DESCRIBED SO FAR ARE SOME EXAMPLES OF AN EXTENSIVE INVOLVEMENT OF THE U.S. PUBLIC HEALTH SERVICE IN HEALTH ACTIVITIES AROUND THE WORLD. THEY ARE EXAMPLES OF AN INTERNATIONAL RESOURCE FOR HEALTH -- A RESOURCE WITHOUT WHICH THE STRUGGLE AGAINST UNNECESSARY DISEASE, DISABILITY AND DEATH WOULD BE EVEN MORE DIFFICULT AND OUR EVENTUAL VICTORY EVEN MORE DELAYED.

BUT ALL THAT IS PAST HISTORY. WHAT LIES AHEAD FOR US?

I BELIEVE THE INTERNATIONAL COOPERATIVE RELATIONSHIPS WE HAVE FORGED OVER THE PAST CENTURY WILL BE STRENGTHENED BECAUSE ALL THE NATIONS INVOLVED HAVE BENEFITTED.

THOSE BENEFITS ARE RECOGNIZED BY THE GREAT MAJORITY OF THE PEOPLE IN EVERY COUNTRY. AND THE PEOPLE PROVIDE THE POLITICAL BASE FOR GOVERNMENTS TO CONTINUE TO WORK TOGETHER IN THE AREA OF PUBLIC HEALTH.

THAT'S CERTAINLY ONE OF THE ENCOURAGING SIGNALS COMING FROM THE NEW SOCIETIES EMERGING HERE IN THE PACIFIC. PEOPLE WANT A BETTER LIFE -- AND THOSE GOVERNMENT LEADERS WHO WORK FOR THAT BETTER LIFE WILL REMAIN AS LEADERS. THE ONES WHO IGNORE THAT BASIC DESIRE WILL NOT REMAIN IN POSITIONS OF LEADERSHIP.

AND THERE'S ONE OTHER PREDICTION I WOULD LIKE TO MAKE.

I THINK THAT, OVER TIME, THE UNITED STATES WILL MAKE ITS SECOND AND EQUALLY SIGNIFICANT CONTRIBUTION TO WORLD HEALTH.

ITS FIRST, AS I'VE TRIED TO INDICATE SO FAR, HAS BEEN A SELFLESS SHARING OF RESOURCES AND EXPERTISE TO DEAL WITH THE VERY BASIC PROBLEMS IN PUBLIC HEALTH: IMMUNIZING CHILDREN, PURIFYING WATER FOR DRINKING AND COOKING, RAISING NATIONAL LEVELS OF NUTRITION, INSURING A SAFE AND ADEQUATE BLOOD SUPPLY, AND SO ON.

AT THE SAME TIME, WE'VE DONE SOME THINGS IN THE AREA OF RESEARCH, BUT THAT AREA, IT SEEMS TO ME, REPRESENTS OUR NEXT GREAT OPPORTUNITY IN INTERNATIONAL COOPERATION.

THUS FAR, WE'VE SUPPORTED BIOMEDICAL RESEARCH IN OTHER COUNTRIES WITH RELATIVELY LITTLE DISCUSSION OUTSIDE THE BIOMEDICAL COMMUNITY. BUT THAT WILL CHANGE, AS NATIONS BECOME MORE SKILLED AT ASSESSING THEIR LONG-TERM HEALTH NEEDS AND REACHING CONSENSUS ON THEIR OWN RESEARCH PRIORITIES.

AND I BELIEVE THAT WHEN THIS BEGINS TO HAPPEN IN EARNEST, WE WILL DISCOVER THAT THERE ARE MANY MORE POINTS OF SIMILARITY WITH OUR OWN NATIONAL RESEARCH PRIORITIES.

HOWEVER, THE KIND OF OUTREACH WE'VE CONDUCTED OVER THE PAST CENTURY, RELATIVE TO PREVENTION AND HEALTH PROMOTION, IS NOT AN ADEQUATE MODEL FOR THE NEXT CENTURY'S EFFORTS IN REGARD TO RESEARCH.

THEREFORE, I BELIEVE THE U.S. PUBLIC HEALTH SERVICE WILL PLAY A MAJOR ROLE IN HELPING OTHER NATIONS BUILD THEIR OWN LONG-TERM BIOMEDICAL RESEARCH CAPACITY.

THAT IS NO SMALL ASSIGNMENT BY ANY MEANS. BUT IT HAS TO BE DONE.

WE HAVE ALREADY LEARNED THAT OUR ENTIRE SYSTEM OF HEALTH SERVICES DELIVERY IS BASED UPON A VERY SUBSTANTIAL RESEARCH FOUNDATION. IT TOOK MANY YEARS TO BUILD THAT FOUNDATION. BUT ONCE WE BEGAN GOING DOWN THAT ROAD, WE DISCOVERED THAT THE "HALO EFFECT" ON THE REST OF SOCIETY WAS VERY EXTENSIVE AND VERY POSITIVE.

WE NOW KNOW THAT WE CANNOT RATIONALLY DISCUSS THE HEALTH STATUS OF OUR CITIZENS WITHOUT ALSO DISCUSSING THE HEALTH STATUS OF OUR BIOMEDICAL AND BEHAVIORAL RESEARCH ESTABLISHMENT ...

- * OUR NATIONAL INSTITUTES OF HEALTH ...
- * OUR FOOD AND DRUG ADMINISTRATION ...
- * OUR CENTERS FOR DISEASE CONTROL ...
- * AND OUR ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION.

AND SO I BELIEVE THAT THIS UNDERSTANDING -- AND THIS DEDICATION TO A NATIONAL RESEARCH CAPACITY -- ARE CONCEPTS THAT WE WILL BE SHARING MORE AND MORE WITH OTHER NATIONS.

NATURALLY, THEY -- IN TURN -- REQUIRE A NATIONAL COMMITMENT TO FREEDOM OF SCIENTIFIC INQUIRY ... TO PEACEFUL CO-EXISTENCE WITH ONE'S NEIGHBORS ... TO PUBLIC ACCOUNTABILITY FOR THE EXPENDITURE OF PUBLIC FUNDS ... AND SO ON.

IN OTHER WORDS, THE DEVELOPMENT OF A NATIONAL RESEARCH CAPACITY MUST BE INTEGRAL TO THE EVOLUTION OF A NATIONAL COMMITMENT GENERALLY.

BUT I BELIEVE IT CAN BE DONE. AND I BELIEVE THE U.S. PUBLIC HEALTH SERVICE CAN PLAY A MAJOR ROLE IN HELPING OTHER NATIONS GET THAT JOB DONE.

I ALSO BELIEVE THAT HAWAII WILL CONTINUE TO PLAY A MAJOR ROLE AS THE BRIDGE BETWEEN THE MAINLAND AND THE PACIFIC BASIN. GEOGRAPHICALLY, OF COURSE, YOU ARE PERFECTLY SITUATED. CULTURALLY THE SAME COULD BE SAID AS WELL, AS I HAVE ALREADY SEEN.

THIS WEEK I VISITED MOLOKAI, FAMOUS AS A COLONY FOR PATIENTS WITH HANSEN'S DISEASE AND LATER AS A RESEARCH STATION IN THE QUEST FOR AN UNDERSTANDING OF LEPROSY.

YESTERDAY I VISITED THE RESTOREP SEAMAN'S HOSPITAL AT LAHAINA ON THE ISLAND OF MAUI, A HOSPITAL WHICH ALSO PLAYED A PROMINENT ROLE IN THE HISTORY OF THE U.S. PUBLIC HEALTH SERVICE.

FURTHERMORE, YOU HAVE AN ENLIGHTENED GOVERNOR, AN INNOVATIVE DIRECTOR OF PUBLIC HEALTH, AND A PRESTIGIOUS UNIVERSITY WITH A TRUSTED SCHOOL OF PUBLIC HEALTH. IT WOULD BE A PRIVILEGE FOR ME OR ANYONE TO BE A PART OF IT.

AND NOW A CLOSING PERSONAL NOTE.

I AM NOW WELL INTO MY FINAL YEAR AS THE 13TH SURGEON GENERAL IN THE HISTORY OF THE U.S. PUBLIC HEALTH SERVICE. THIS HAS BEEN THE MOST EXCITING, BAFFLING, FASCINATING, FRUSTRATING, AND SATISFYING EXPERIENCE I'VE EVER HAD. NOTHING IN A VERY FULL AND INTERESTING LIFE COMPARES WITH IT.

I WILL LEAVE THIS POST FEELING THAT I DID ABOUT AS WELL AS I COULD ... AND REGRETTING THAT I SOMEHOW DID NOT DO MORE. BUT AMONG THE MOST SATISFYING MEMORIES I WILL CARRY WITH ME WILL BE THOSE MOMENTS WHEN I SPOKE WITH ... AND LISTENED TO ... MY COLLEAGUES FROM MANY OTHER NATIONS ... MOMENTS WHEN WE PUT ASIDE THE BARRIERS OF RACE AND CULTURE AND NATIONALITY AND COUNSELED TOGETHER ON WHAT WE COULD DO TO IMPROVE THE HEALTH AND WELL-BEING OF THE HUMAN RACE.

BEING INVOLVED IN THE WORLD'S CAMPAIGN FOR BETTER HEALTH FOR ALL HAS BEEN A TRULY PRIVILEGED EXPERIENCE. AND FOR THAT I AM ETERNALLY AND HUMBLY GRATEFUL.

THANK YOU.

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